

Child and Family Services Update

January 2006

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Snippets from the Director

By Richard Anderson



Community Partnerships for Protecting Children

The course we charted almost six years ago has led to a more effective response to the problems of child abuse and domestic violence. We have many evaluations that praise your continual improvements.

I just returned from presenting at the Community Partnerships for Protecting Children Conference in Arizona. Our court monitor, Paul Vincent asked that I give a presentation with him on involving community partners in Qualitative Case Reviews.

The conference was a biannual meeting of groups involved in an initiative that started in 1995, when four different communities-- Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri received support and funding from the Edna McConnell Clark Foundation to "go boldly where no child welfare system had gone before and to create "Community Partnerships for Protecting Children". The components of the initiatives look very similar to ours – Engagement, Accurate Assessment, Developing a Plan, Tracking and Monitoring, and Sustaining the Change. I know I may be biased towards your good work, but after attending this conference I am reinforced in my belief that you are building the best of systems. The latest evaluation of the initiatives showed not as good overall progress after ten years as your progress in the last six years. In a panel discussion, Mr. Vincent stated that, despite others' struggling attempts at achieving proficiency Utah has shown that it can be done. WOW! What compliments you are receiving.

Here are some of the “lessons learned” from the most recent study sites.

1. “Lasting change only happens when the people directly affected are engaged in a strengths-based process where their voices help shape the decisions that are made.”
2. **“An intentional change process for all aspects of our ... work.”** A Practice Model that is trained to all.
3. **“Becoming a Community Partnership learning laboratory...”** People feel it’s all right to say “I don’t know” and then learn.
4. **“The use of data to drive shared community decision-making and accountability for outcomes are key ingredients to success.”**

Look familiar?

One of the powerful statements in the evaluation of these projects was,

“We have long embraced a medical model which focuses on pathology and sees the external helper as the ‘expert’ who will ‘fix the problem’. It is not easy to move to a more effective family empowerment model that includes a focus on strengths and views the family as a primary decision-maker. When we don’t make that shift we end up with mere lip-service and a superficial listing of strengths... Strengths-based, family centered practice is sometimes mistakenly viewed as ‘warm, fuzzy and non-confrontational’. Misapplied it has been used as an excuse to not engage the family around difficult issues. But properly applied, this practice engages the family in supportive ways that foster more honest communication and promotes greater responsibility and results than traditional casework practice.”

It was fulfilling to represent all of you successful agents of meaningful change.



Partnership

Utah Clicks!

By Carol Miller, Program Support Specialist

There is a cool new application process being offered to families to assist them in determining what programs they may want to apply for, such as Medicaid, Baby Your Baby, Baby Watch Early Intervention, and Children with Special Health Needs. It is

called “Utah Clicks” and is available on-line at <https://www.utahclicks.org/index.cfm>. The WIC (Women, Infants, and Children) nutrition program will be included in Utah Clicks in the near future.

At Utah Clicks, parents can obtain a password to a secured site and enter information that will assist them in applying for services. Other key information about Utah Clicks is:

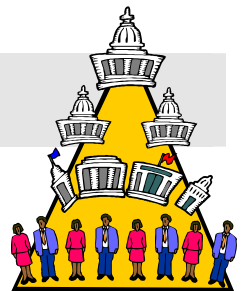
- Utah Clicks can be completed in agency offices, at home, or in public buildings such as libraries, schools, or anywhere there is access to the Internet. Caseworkers may want to assist families by helping them complete this application process while visiting with them in their office.
- An adult must make the application, but they can self-select out of the screening for services for themselves. This may be helpful as we share this information with our foster parents and kinship caregivers about how to use the universal application process.
- Utah Clicks does not determine eligibility for programs; it only assists in making the application. It does help identify programs that a family may be eligible for. However, a person can check all boxes and apply for all of the program types available if they desire to do so.
- Changes can be made to the application after it has been submitted. Applicants can enter the site at any time to check on the information they have submitted.
- Applications submitted on-line go to the agency office that is geographically closest to the applicant’s home address entered into the system.

Please go to Utah Clicks and check out this one-stop application process. Also, help spread the word and share this information with our clients and assist them if needed in applying for services they may qualify for!

Organizational Competence

Continuing Medicaid Coverage—It Is There, But We Don’t Always Use It!

By Pamela Russell, Independent Living Program Manager



One year ago, Child and Family Services embarked on a mission to insure that all 18-year-old youth transitioning from custody were reviewed for Medicaid eligibility, and, if eligible, Medicaid would be provided without a lapse of services to these youth. Training has been provided to the eligibility staff and their efforts have been monitored during the past year, most recently with an audit conducted by the Department of Health of all 18-year-old youth who exited custody from October 2004 through September 2005.

It was disappointing to learn that many of these youth have not been provided this support. The biggest barrier that the eligibility staff has faced is getting the necessary information from the caseworker or youth to enable them to complete the review for NB+ benefits. When the review paperwork is not completed, the foster care Medicaid case will close with no continued Medicaid coverage. This is so unfortunate.

The fact is, youth who leave foster care between ages 18 and 19 are likely to continue to qualify for Medicaid until their 19th birthday, if they meet income and asset criteria. A Medicaid review must be completed prior to the youth leaving custody to ensure uninterrupted coverage for qualifying youth. Continuing Medicaid coverage is an important resource for youth leaving foster care so that medical, dental, prescription, and mental health needs can continue to be addressed.

As part of transition planning, caseworkers should take the following steps:

- Let the eligibility worker know in advance that Child and Family Services is preparing to transition a youth who is age 18 from custody (60 days in advance, if possible).
- Obtain a Medicaid review form from the eligibility worker.
- Assist/mentor the youth in completing the form and obtaining the required income and asset documentation for the review.
- Notify the eligibility worker of the address where the child will live after leaving care (both physical and mailing addresses, if they differ).
- Provide the review form and documentation to the eligibility worker 30 days prior to the youth leaving custody, if possible, so that eligibility for continuing Medicaid coverage can be determined and the case can be transferred without interruption in Medicaid coverage.
- Coordinate with the Fostering Healthy Children Nurse to ensure the youth understands how to manage any special health conditions.
- Familiarize youth with the location of the nearest Bureau of Eligibility Services (BES) (to the expected living arrangement after custody termination). After the case is transferred, staff at BES will help teach the youth how to use a Medicaid card to access health care.
- Notify the eligibility worker immediately of custody termination.

Child and Family Services eligibility workers will complete the review, open the new Medicaid case for most youth, then transfer the case to an ongoing worker in the BES. If a youth is disabled, pregnant, or has children, the case will be transferred to BES for the determination of continuing Medicaid eligibility.

If you have questions about Medicaid eligibility for youth leaving foster care, contact a regional eligibility worker or Linda Moon, Title IV-E and Medicaid Eligibility Specialist, at the State Office at (801) 538-4258.



Recognizing Employees Of Child And Family Services

By Patti Van Wagoner, Deputy Director

In this forum for our Update, we want to recognize division employees who demonstrate the dedication that helps families discover hope and bring children permanency. Marty Shannon, our Adoption Program Manager, has submitted the following names of employees who fit this profile:



Brooke Ibanez in the Provo Office was very creative in finding an ideal family for a 12-year-old boy who had been in foster care for four years. She was new to the case and first asked herself about the child's permanency since the boy had been in care for four years. The boy did not want to be adopted although reunification services had been discontinued with his biological parents. Brooke got to know the boy and people who were important in his life. He was no longer going to be able to live with his current foster family so Brooke recruited and found a foster family who lived a couple blocks from an aunt and cousins who were an important emotional support for the boy. The boy made many visits with the new foster family and the foster family was introduced to the aunt. After some adjustment and transition time, he moved in with the foster family. After Brooke talked with the boy about connections to a family, he reconsidered his decision about adoption and within the year decided he wanted to be adopted by his new foster family. He now has a permanent adopted family and continual contact with the aunt and cousins who are so important to him. He also has contact with his biological parents if he wants. Brooke is an example of a caseworker who understands that every child needs a family who will commit to them for their life not just for care. She is creative and takes the time to get to know each child and what they need to feel valued and loved. I think Brooke is an example of an outstanding caseworker and deserves to be acknowledged as such.

John Worthington from Cedar City is a shining example of a Child and Family Services employee who applies the Practice Model in his work. He is the Post-Adoption clinical worker in the Southwest Region. He deals with adoptive families who want to give up as parents to children they adopted from Child and Family Services. He gives hope to families who have given up hope. He encourages the families and has been creative and resourceful in his approach. He finds creative ways to address complicated situations. He finds resources and options for families in a region of the state that often has very few formal resources available. John is the kind of employee that can be a model for others. He quickly can assess the strengths and underlying needs of a family. He is positive and empowers them with encouragement. He helps find creative solutions to complicated and challenging situations. I think John

is an example of an outstanding clinician and deserves to be acknowledged for his outstanding efforts.

We invite you to send us your narratives of employees who you feel deserve to be recognized in this column for their outstanding work with children and families. Please send them to Carol Miller at CAROLMILLER@utah.gov. Thank you!

Professional Competence



Substance Abuse Treatment and Recovery, a Guide for Child Welfare Workers

By Reba Nissan, Mentor Program Coordinator

The National Center on Substance Abuse and Child Welfare offers a free online self-tutorial: **Understanding Substance Abuse Treatment and Recovery: A Guide for Child Welfare Workers.**

The curriculum in this self-tutorial works to establish a baseline for knowledge on the subjects of substance abuse and child welfare, and to support and facilitate cross-systems work. A certificate for claiming Continuing Education Units is available upon successful completion of each tutorial (www.ncsacw.samhsa.gov).

For more information, the National Center for Family Centered Practice and Permanency Planning also has an information packet regarding **Permanency Planning With Drug-Affected Families**, by Judy Blunt and Myrna Lumbsden.